



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND  
CONSERVATION

Monthly Spill Bucket Inspection Log

DIVISION OF UNDERGROUND  
STORAGE TANKS  
4<sup>TH</sup> Floor, L & C Tower  
401 Church Street  
Nashville, TN 37243-1541

Instructions

Tennessee Underground Storage Tank Rules require that visual inspections be made of all spill buckets on a monthly basis. Rule 1200-1-15-.02(3)(b)3. states;

"Spill catchment basins shall be visually inspected by the owner and/or operator at least once per month to assure the integrity of the storage space provided for spill containment. A log of these inspections showing at a minimum the last twelve (12) months shall be maintained by the owner and/or operator."

- Use this form to record results of visual inspections of each spill bucket at the facility once each month.
- A separate form should be used for each facility. Indicate the year this form is for in the space provided.
- The front of this form has space for up to six spill buckets. If there are more than six spill buckets at this facility, use the back of this form or make additional copies.
- If no standing liquid or spill bucket defects (cracks, torn connectors, etc.) are noted, write "OK" in the appropriate column and row.
- If any standing liquid or spill bucket defects are noted, write "Not OK" in the appropriate column and indicate what action was taken.
- You must take measures to repair any spill bucket defects observed. If there are spill bucket defects and indications of released petroleum, it must be reported as a suspected release according to rule 1200-1-15-.05 and .06.
- Maintain the last 12 months of these inspections and have them available for state inspection.

UST FACILITY INFORMATION

NAME:	FACILITY ID #:	YEAR:
ADDRESS:	CITY:	ZIP:

Checked MM/DD/YY	Monthly Spill Bucket Visual Inspections Record condition in each block for the appropriate spill bucket (SB)						Action taken if SB not OK
	SB # 1	SB # 2	SB # 3	SB # 4	SB # 5	SB # 6	
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Use this side for additional spill buckets present at this location.

Please indicate spill bucket number in the space provided. Use additional sheets for this location if necessary.

Checked MM/DD/YY	Monthly Spill Bucket Visual Inspections Record condition in each block for the appropriate spill bucket (SB)						Action taken if liquid present
	SB # ____	SB # ____	SB # ____	SB # ____	SB # ____	SB # ____	
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